



**PETITION/MOTION FOR REMOVAL  
OF FIREARM PROHIBITIONS**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_

IN RE RESPONDENT/DEFENDANT:  
Please Print

--

First

Middle

Last

IN CASE NO. \_\_\_\_\_ COUNTY: \_\_\_\_\_ COURT: [ ] DISTRICT [ ] CIRCUIT

1. I am also known as: \_\_\_\_\_

2. My street address is: \_\_\_\_\_

3. My mailing address is: \_\_\_\_\_

4. My phone number is: ( ) \_\_\_\_\_

5. My identifiers are:

Sex	Race	Date of Birth	Height	Weight	Eyes	Hair	Social Security #	Drivers License #	State

6. On (date) \_\_\_\_\_, 2\_\_\_\_, this Court issued a Notice of Firearm Prohibitions notifying me that this Court's order of commitment, finding, and/or adjudication in the above-referenced case subjected me to the firearm prohibitions of 18 U.S.C. § 922(g)(4) and (d)(4).

7. I am requesting that this Court remove the firearm prohibitions and schedule a hearing in this matter, which I understand will be a closed proceeding in accordance with KRS 237.108(2).

8. I have not filed a Petition for Removal of Firearm Prohibitions within the past two (2) years.

9. I understand that, in accordance with KRS 237.108(2), I must offer the following evidence when I come to Court:

- (a) The circumstances of the original commitment, finding, and/or adjudication;
- (b) My mental health records and my criminal history records, if any. (It is my responsibility to provide these records.)
- (c) My reputation; and
- (d) Changes in my condition or circumstances that are relevant to my request for removal of the firearm prohibitions.

10. I would like to have the firearm prohibitions removed because \_\_\_\_\_


(If additional space is needed, please attach separate sheet of paper.)

11. I am not likely to act in a manner dangerous to public safety.

I ask that this Petition/Motion for Removal of Firearm Prohibitions be granted.

NOTE: Sign this Petition in the presence of either the Circuit Court Clerk or a Notary Public.

\_\_\_\_\_, 2\_\_\_\_\_  
Date Signature of Petitioner

Subscribed and sworn to before me by \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Clerk/Notary Public Title

(If Notary Public): My Commission expires: \_\_\_\_\_

**NOTIFICATION OF HEARING**

(to be completed by Circuit Court Clerk)

This Petition/Motion is set for a CLOSED hearing on \_\_\_\_\_, 2\_\_\_\_\_,  
at the hour of \_\_\_\_\_ [ ] a.m. [ ] p.m. at the \_\_\_\_\_ [ ] District [ ] Circuit Court.

Date \_\_\_\_\_, 2\_\_\_\_\_  
\_\_\_\_\_ Clerk

By: \_\_\_\_\_ D.C.

Original: Court File

Copies To: Respondent/Defendant

County Attorney

Commonwealth Attorney (if applicable)

Director of the Division of Behavioral Health, Cabinet for Health and Family Services,  
100 Fair Oaks Lane 4 E-D, Frankfort, Kentucky 40621-0001